



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Maureen Caudill et al.

Serial No.: 10/724,170

Filed: December 1, 2003

For: Method and System of Ranking and
Clustering for Document Indexing and
Retrieval

Atty. Docket No.: 000479.00114

Group Art Unit: TBD

Examiner: TBD

Confirmation No.: TBD

SUPPLEMENTAL PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Preliminarily to the examination of the above-identified application, kindly amend the application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.



PTO/SB/21 (05-03)

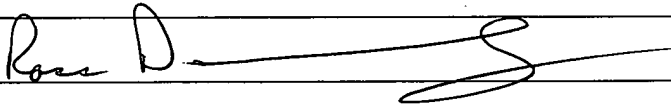
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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/724,170 | |
| | Filing Date | 12/01/03 | |
| | First Named Inventor | Caudill et al. | |
| | Art Unit | TBD | |
| | Examiner Name | TBD | |
| Total Number of Pages in This Submission | 7 | Attorney Docket Number | 000479.00114 |

| ENCLOSURES (check all that apply) | | | | |
|---|---|--|---------|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Supplemental Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): | | |
| <table border="1"><tr><td>Remarks</td><td></td></tr></table> | | | Remarks | |
| Remarks | | | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual name | Ross A. Dannenberg, Reg. No. 49,024 |
| Signature |  |
| Date | December 12, 2003 |

| CERTIFICATE OF MAILING | | | |
|---|--|------|--|
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| Signature | | Date | |

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